Senate

General Assembly

File No. 229

January Session, 2003

Substitute Senate Bill No. 1104

Senate, April 8, 2003

The Committee on Public Health reported through SEN. MURPHY of the 16th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING PRIMARY CARE CASE MANAGEMENT.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. (NEW) (*Effective October 1, 2003*) (a) For purposes of this section, (1) "primary care case management" is a system of care in which a beneficiary is assigned to a primary care provider who provides such beneficiary with (A) primary care medical services, (B) referrals to specialty care, and (C) other health care coordination services as determined by the Department of Social Services, and (2) "primary care provider" is a person licensed pursuant to chapter 370 of the general statutes. Primary care providers participating in primary care case management shall be reimbursed by the state for referral and coordination services provided in addition to primary care medical services.

(b) (1) Notwithstanding any provision of chapter 319v of the general statutes, the Department of Social Services shall implement a pilot program to provide primary care case management to beneficiaries

eligible for medical assistance under sections 17b-257, 17b-261 and 17b-289 to 17b-303, inclusive, of the general statutes. The pilot program shall include training and education for primary care providers and beneficiaries regarding the pilot program. The department may enter into contracts for primary care case management to implement the provisions of this section, but no such contract shall be with a managed care plan.

(2) The department shall allow any beneficiary participating in such pilot program to apply to the department for a primary care provider other than the primary care provider designated.

(3) The department shall develop protocols to ensure coordination between the pilot program and other medical services provided to beneficiaries, particularly behavioral health and dental services.

(4) The department shall conduct comprehensive, independent and regular evaluations of program costs, beneficiary satisfaction, health care provider satisfaction, access to health care, appropriate service utilization, health outcomes and administrative burdens to health care providers, beneficiaries and the state of the pilot program. The department shall submit a report on such evaluation on an annual basis to the Medicaid Managed Care Council under section 17b-28 of the general statutes.

(c) The department shall develop a plan to involve the public and health care providers in the design and implementation of the pilot program.

(d) The Commissioner of Social Services may seek a waiver from federal law as necessary to implement the pilot program established pursuant to this section.

This act shall take effect as follows:	
Section 1	*October 1, 2003*

PH *Joint Favorable Subst.*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

OFA Fiscal Note

State Impact: See Explanation Below

Municipal Impact: None

Explanation

This bill allows the Department of Social Services (DSS) to implement a pilot program of primary care case management (PCCM) for recipients of medical benefits under the Medicaid, HUSKY and State Administered General Assistance (SAGA) programs. The impact of this proposal is uncertain. In FY02, DSS spent approximately $1.44 billion on health care services for clients of these three programs, including approximately $520.5 million on the managed care system for certain Medicaid clients. Depending on the manner of implementation of this pilot program, the PCCM system could result in either cost or savings in comparison to these current health care expenditures.

The bill also allows DSS to contract for program management and requires DSS to conduct regular evaluations of the PCCM pilot. These requirements will result in additional administrative costs for DSS that are not currently included in its anticipated budgetary resources. The extent of these costs will depend on the size and manner of implementation of the pilot program.

OLR Bill Analysis
sSB 1104

AN ACT CONCERNING PRIMARY CARE CASE MANAGEMENT

SUMMARY:
This bill requires the Department of Social Services (DSS) to establish a pilot program to provide primary care case management (PCCM) services to recipients of State Administered General Assistance; Medicaid fee-for-service; and HUSKY A (Medicaid managed care), HUSKY B, and HUSKY Plus programs. It defines PCCM as a system of care in which a beneficiary is assigned to a primary care provider (who may be a physician or physician assistant) who is responsible for the individual's primary care medical services, referrals to specialists, and other health care coordination services DSS determines.

The bill requires DSS to reimburse primary care providers participating in the pilot program for referral and coordination services in addition to primary medical care services. It permits the DSS commissioner to apply for any federal waivers necessary to implement the pilot program.

EFFECTIVE DATE: October 1, 2003

PCCM PILOT PROGRAM

The bill requires DSS to develop a plan for involving the public and health care providers in designing and implementing the pilot program. It requires that both providers and beneficiaries receive training and education about the program.

DSS may contract, but not with a managed care plan, for PCCM services to implement the pilot program,. It must develop protocols to ensure the program's services are coordinated with other medical services beneficiaries receive, particularly dental and behavioral health services. And DSS must allow beneficiaries to ask to switch primary care providers.

DSS must conduct regular, independent, comprehensive evaluations of the pilot program's costs; beneficiary and provider satisfaction; access

to health care; appropriate service use; health outcomes; and administrative burdens on providers, beneficiaries, and the state. It must report annually to the Medicaid Managed Care Council.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute
Yea 20 Nay 1